

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 02, 2003 8:00 am
Secretary of State

05-02-2003 90085 050 ***150.00

DOCUMENT # P02000017473

1. Entity Name

Four Seasons Therapy, Inc.



Principal Place of Business

Mailing Address

P. O. Box 26050
Tampa FL 33685

113 S. MacDill Ave
#B
Tampa

2. Principal Place of Business

P. O. Box 26050

3. Mailing Address

113 S. MacDill Ave

Suite, Apt. #, etc.

Suite, Apt. #, etc.

#B

City & State

Tampa FL

City & State

Tampa FL

Zip

33685

Country

Zip

33609

Country

4. FEI Number

68-0496305

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7201 Bay Club CT

Tampa FL 33607

7. Name and Address of New Registered Agent

Name

Elizabeth Cataldo

Street Address (P.O. Box Number is Not Acceptable)

7201 Bay Club CT

City

Tampa

FL

Zip Code

33607

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Elizabeth Cataldo

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution.

☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	Elizabeth Cataldo	<input type="checkbox"/> Delete
NAME		Elizabeth Cataldo	
STREET ADDRESS		113 S. MacDill Ave #B	
CITY-ST-ZIP		Tampa FL 33609	
TITLE	P		<input type="checkbox"/> Delete
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE			<input type="checkbox"/> Delete
NAME			
STREET ADDRESS			
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TITLE			<input type="checkbox"/> Delete
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE			<input type="checkbox"/> Delete
NAME			
STREET ADDRESS			
CITY-ST-ZIP			

TITLE	D	Elizabeth Cataldo	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		Elizabeth Cataldo	
STREET ADDRESS		113 S. MacDill Ave #B	
CITY-ST-ZIP		Tampa FL 33609	
TITLE			<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE			<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			
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NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE			<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			
STREET ADDRESS			
CITY-ST-ZIP			

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Elizabeth Cataldo

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

4/15/2003

Daytime Phone #

CR2E034 (10/02)